

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214530691					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: EnergySolutions Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA </div> <div style="width: 35%;"> DUE DATE: 5/31/2014 SCC ID NO: F1511171 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000,000	
CLASS	AUTHORIZED						
COMMON	1,000,000						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY							
4.) STATE OR COUNTRY OF INCORPORATION: TN							
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 423 W 300 SOUTH STE 200 CITY/ST/ZIP: SALT LAKE CITY, UT 84101 </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN CHRISTIAN TITLE: PRESIDENT ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JOHN CHRISTIAN TITLE: PRESIDENT ADDRESS: 423 WEST 300 SOUTH STE. 200 CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84101	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	ALFRED N. JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	423 WEST 300 SOUTH STE. 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	HEIDI NAKAISHI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST S		
ADDRESS:	423 W 300 SOUTH STE 200		
CITY/ST/ZIP/CO:	SLC, UT 84101		
NAME:	DAVID NILSSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	423 W 300 SOUTH STE 200		
CITY/ST/ZIP/CO:	SLC, UT 84101		
NAME:	DAMON F ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	423 WEST 300 SOUTH STE. 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	DAVID J. LOCKWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	423 WEST 300 SOUTH STE. 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	CHRISTIAN S. ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	423 WEST 300 SOUTH STE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	GREGORY S WOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	423 WEST 300 SOUTH STE. 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	JOHN CHRISTIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	423 WEST 300 SOUTH STE. 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	DAVID J LOCKWOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	423 W 300 SOUTH STE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		
NAME:	GREGORY S WOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	423 WEST 300 SOUTH STE 200		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84101		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DAMON F ANDERSON</u>	<u>DAMON F ANDERSON, ASST</u>	<u>6/16/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.